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A
Dissertation
on
Constipation
by
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A

Dissertation

on

Constipation resembling Diarrhoea

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for the degree of

Doctor of Medicine

by

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of

New Jersey

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This Essay is designed to show the difficulty of distinguishing constipation from diarrhoea

A person unacquainted with the difficulty of distinguishing the disease from the other, might smile, when they hear such a thing mentioned.

It is with much diffidence and sorrow that I am compell'd to say, that I have met with some who believe there can be no difficulty.

But believing it to be a subject of much practical importance and greatly neglected, I venture to make a few remarks, and afterward give a few cases in illustration; which came under the care of my friends, Dr Parrish of this City, and Dr Joseph Pittman of Woodbury New Jersey, to whom I am much indebted for my knowledge upon this.

and many other useful subjects.

This disease was first observed by Dr John Fothergill of London who has given an account of it in page 191- of his writings

It most frequently occurs in females after delivery, Armstrong mentions when speaking of the convalescence from Typhus fever, that we should pay great attention to the patients bowels as they are liable to become torpid, and a mass of hardened faces accumulated in the large intestins, which occasion a disease resembling Diarrhoea.

The symptoms of this disease are the following, frequent stools of a dark colour, fetid smell, attended with griping, and a sense of weight, and uneasiness in the lower part of the abdomen, great straining at stool, with pain in the back, and

loins, resembling labour pains. No relief is obtained from the evacuation, the patient goes from the chair with the same uneas= =ines as when he left his bed, the pulse is irritable throughout the disease, in the commencement it is strong and not very frequent, but in the latter stage it is counted with difficulty, in some cases si= ckness of stomach occurs, there is seldom any fever in the commencement.

If the disease be neglected or improperly treated a fever resembling hectica attacks the patient which with the constant pain and frequent discharges undermine the constitution and close the tragic scene in death.

These symptoms do not all show themselves in every individual case but enough of them are present to de= =cide upon its nature and induce us,

to suspect its cause; this disease has been mistaken for diseases of the uterus and urinary organs, for dysentery, but more frequently for diarrhoea; and in= =deed it is distinguished from the last mentioned disease, with great difficul= =ty, if there be any excoriation about the anus as there sometimes is in the above mentioned complaint, there is not that relief from the discharges when these excoriations exist as when the parts are in a healthy state.

But if upon examination we find the anus in a healthy state and the patient troubled with the symptoms above mentioned we may be certain as to the nature of the complaint.

Dr Parrish has seen a patient afflicted in the manner here described who was taking port wine, bark and opium

to suppress the discharge. I knowr a respe=
=ctable practitioner who was using the sa=
=me remedies with astringent injections; he
mentioned the case to me as being an obstin=
=ate case of diarrhoea; suspecting that it
proceeded from impacted faeces I requested
the symptoms of the case which conformed
my opinion and suggested the propriety
of using purgatives instead of tonics,
he consented and in a few days told me
they had the happiest effect, and that
a large mass of impacted faeces were dis=
=charged.

This disease sometimes advances in
an insidious form the patient has
daily evacuations, but a part of the
faeces are retained, without his knowl=
=edge the mass increases and the distress
ing symptoms appear; I believe it is
owing to the sluggish action of the

intestins that the faces first become lodg=
=ed in the Colon or Rectum; at this time
I believe a dose of Ol Ricini or any other
gentle laxative with a little attention
to diet would prevent the future
complaints.

What causes the stools to be liquid
and fetid I am at a loss to determine,
unless it be the irritable state of the in=
=testines; the fetor I think is occasioned X
by the excretions of the intestines being
unhealthy, and being in contact with
the impacted faces as they smell very bad.

The pain at stool may be occasioned
by the tender state of the intestines,
and the impacted faces acting as a
mechanical cause in obstructing their
passage. All the other symptoms
are the effect of irritation.

The treatment of this disease in

generals is very simple; purgatives, Clys-
=tery, and mechanicals many are the chief
remedies, sometimes however the lancet
and blisters are required.
Having a few cases to give in illustration,
I think it unnecessary to say any thing
more upon the treatment as it will
appear more clearly in speaking of them.
1st Case I was called to Mrs C——
whose case was not suspected, as it
was complicated with disease of the
liver, I found her labouring under
what she termed a lax which wet
her continually, and without her
knowledge; the discharges were thin
and fetid, with constant pain and
uneasiness which called her to the
chair, but without relief although
more at that time was voided, than
when still; her pulse was irritable

and frequent; her strength was fast declining, I ordered port wine, opium, and astringent injections of oak bark, which gave no relief; I then determined to change my plan treating the case; and commenced with purgatives; Calomel gr x combined with opium gr 1 was given first; it not having the desired effect I ordered ℥ 2 of Ol Ricini every two hours, which was continued for one day, without operating upon the bowels, I then ordered a laxative injection to be given and repeated at short intervals until their was an evacuation which did not take place till several hours been given, and then they consisted of fetid masses in large quantity which gave immediate relief to the patient. I placed her upon a diet consisting

fetide discharge, which gave no relief.
an attempt was made to pass an in
jection into the bowels but met with
resistance at once.

The warm bath was used advan=
tageously in this case. The mass was
broken down with the handle of a
dessert spoon and it was brought
away in a large quantity; after
this mass was removed he appeared
so well that he was scarcely an obj=
=ect of medical care

Jos. Parrish

I have thus given a brief account
of this disease, with a few cases in
illustration, I thought it a useful
subject and one which had not
raised much attention from the
profession. These considerations
induced me to select it for my

inaugral dissertation.
In reviewing I find not what I
wished, but what I have been able
to say by my long sickness I have
been deprived of much valuable
time and having many other im-
portant duties to attend to I have
been compelled to write in haste,
but I hope these few remarks
will be honoured with a place
in the University.

Be pleased to accept my thanks
for the kindness you have ever shown
me, never have you hesitated to
sacrifice your time for the benefit
of your pupil. I leave you worthy
professor with a pleasure mingled
with regret